



CHILDREN'S MINISTRY ONE FORM

Child's Name: _____

Child's Birthday: _____ / _____ / _____
(Month) (Day) (Year)

Family Mailing Address:

Child's School Name: _____

Child's Grade (circle one): Infant to 2 Years Pre-k K 1 2 3 4 5

CHILD'S MEDICAL HISTORY

Allergies? Yes/No
List if yes:

Dietary Needs/Restrictions? Yes/No
List if yes:

Medical or Behavioral Conditions? Yes/No
List if yes:

Parent One Information

Name:

Mobile Phone:

Email:

Occupation:

Emergency Contact?

Yes

No

Parent Two Information

Name:

Mobile Phone:

Email:

Occupation:

Emergency Contact?

Yes

No

In the event that parents are unable to act as emergency contacts, please provide the names, relationships, and phone numbers of child's emergency contacts.

Emergency Contact #1: _____
(Name/Relationship/Phone #)

Emergency Contact #2: _____
(Name/Relationship/Phone #)



Permissions & Agreements

Parents, please check preference:

Yes No I have ensured contact and profile information for my child and myself are all up-to-date on Realm (church database).

Yes No Photos of my child may be used in church promotional materials, both printed and online.

Yes No Children 5 years of age or older only: My child may take part in walking trips/events off the church grounds under supervision of representative(s) of University UMC (for example, a walk to McCorkle Place during Sunday school; a visit to Ackland Art Museum).

If parents separated, which parent is primary contact for children's ministry? Parent 1/ Parent 2/ Both

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT & RELEASE OF LIABILITY

I, _____, hereby authorize a representative of University United Methodist Church to give consent for medical treatment of my child, _____, in the event of illness or injury. I further release University United Methodist Church Chapel Hill, its employees, and its volunteers from any liability in the event of any accident en route, during, or returning from any church events and/or trips as long as they were following protocol as outlined in their own Safe Sanctuary Policy. In case of emergency, I understand that every effort will be made to contact me as a parent/guardian. In the event that I cannot be reached, I hereby give permission to the physician or medical professionals selected by the church representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. This authorization is named above for the period of _____ (Today's Date) through August 31, 2023.

_____ (Print Name of Parent or Guardian)

_____ (Signature of Parent or Guardian)